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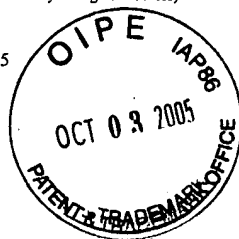
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7590

06/29/2005

Patrick S. Yoder
 Fletcher Yoder
 P.O. Box 692289
 Houston, TX 77269-2289



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John M. Rariden

(Depositor's name)

(Signature)

September 29, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/991,037

11/21/2001

Gopal B. Avinash

GEMS:0175 112012

10/04/2005 MBIZUNE2 00000040 070845

09991037

TITLE OF INVENTION: SEGMENTATION DRIVEN IMAGE NOISE REDUCTION FILTER

01 FC:1501
 02 FC:1504

1400.00 DA
 300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$1700

09/29/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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KASSA, YOSEF

2625

382-260000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

1 Fletcher Yoder

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

2

3

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GE MEDICAL SYSTEMS GLOBAL TECHNOLOGY COMPANY, LLC Waukesha, Wisconsin

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee☐ A check in the amount of the fee(s) is enclosed.☒ Publication Fee (No small entity discount permitted)☐ Payment by credit card. Form PTO-2038 is attached.☐ Advance Order - # of Copies _____☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0845 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Date September 29, 2005

Typed or printed name John M. Rariden

Registration No. 54,388

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